

TOWN/CITY OF _____
BENEFIT DATA INFORMATION SHEET
WALDO COUNTY

Date: _____

CDBG EDI PROGRAM SURVEY # _____

Dear Employee,

To qualify for a CDBG funded loan from the Town/City of _____, we need information on the family size, annual income and makeup of all our employees.

THIS INFORMATION WILL BE KEPT CONFIDENTIAL. Please return this form to _____ as soon as possible. If you have any questions, please contact _____.
Thank you for your cooperation.

Please place an "X" in the appropriate spaces pertaining to your family's size, annual income and makeup and sign where requested.

FAMILY SIZE		INCOME	
1	\$26,650	Above _____	Below _____
2	30,450	Above _____	Below _____
3	34,250	Above _____	Below _____
4	38,100	Above _____	Below _____
5	41,150	Above _____	Below _____
6	44,150	Above _____	Below _____
7	47,200	Above _____	Below _____
8	50,250	Above _____	Below _____

Read This Carefully

In determining total family income use your Total Adjusted Gross income for your household as reported on your most recent Federal Income Tax form.
If you use Form 1040 – use line 33
If you use Form 1040A – use line 19
If you use Form 1040EZ – use line 4

BENEFICIARY INFORMATION:

Family Race indicate by putting an "X" on the appropriate line

White _____ Black/African American _____ Asian _____ American Indian/Alaskan Native _____
Native Hawaiian/Other Pacific Islander _____ American Indian/Alaskan Native & White _____
Asian & White _____ Black/African American & White _____
American Indian/Alaskan Native & Black/African American _____ Other _____

Family Make-up: Enter number of elderly or severely disabled family members and indicate with an "X" if a female head of household is present

Number of Elderly: _____

Number of Severely Disabled: _____

Female Head of Household?: _____ Yes _____ No

I certify that the information on this survey form is true and complete to the best of my knowledge and belief, and that the Town/City of _____, the State of Maine and the Federal Government are hereby authorized to verify the information contained herein.

Signature

TO BE FILLED OUT BY INDEPENDENT VERIFIER: LMI _____ NON LMI _____

Signature of authorized official

Date